2987 (OVER) Film #164-4/9/54 02967

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 14 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp. 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe X R.F.D
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ADDIE (Middle) (Last) Benson

4. DATE OF DEATH: (Month) Mar (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3-17-1875
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U.S.A. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Brummell
14. MOTHER'S MAIDEN NAME: Josephine Young

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ada Benson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Myocardial Infarction

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic Heart Disease

~~DUE TO~~ (c) Arteriosclerosis.

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1954, to 3/25, 1954, that I last saw the deceased alive on Pathologist, 19..., and that death occurred at 1:50 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Easton Memorial Hospital ADDRESS DATE SIGNED 29 March 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/27/54
NAME OF CEMETERY OR CREMATORY Trappe
LOCATION (City, town, or county) Trappe (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/26/54
REGISTRAR'S SIGNATURE N. H. Neerux
24. FUNERAL DIRECTOR Herbert St Clair Jr. ADDRESS Cambridge Md

Two for one certificate- Film G164-4/9/54 mnb

RECEIVED
APR 2 1954
BUREAU V. S.

3005

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02968

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford X
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford Md X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) M. (Last) Carpenter

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Nov. 24, 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Worthington Pump Co.

10b. KIND OF BUSINESS OR INDUSTRY: Executive, Retired

11. BIRTHPLACE (State or foreign country): Ossining, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Herbert Carpenter

14. MOTHER'S MAIDEN NAME: Elizabeth Taylor Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War #I

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mrs Marion Kuehnle Carpenter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

356.0

Immediate cause (a) Progressive muscular atrophy — Interval Between Onset And Death 8 mo —

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11-1954, to 3-24, 1954, that I last saw the deceased alive on 3-23, 1954, and that death occurred at 2 - AM, from the causes and on the date stated above.

SIGNATURE William L. Winters (Degree or title) MD. ADDRESS 210 Dover Easton Md. DATE SIGNED 3/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF March 26, 1954 NAME OF CEMETERY OR CREMATORY Oxford Cemetery LOCATION (City, town, or county) Oxford (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/25/54 REGISTRAR'S SIGNATURE N.H. Neerus

24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md.

RECEIVED
MAR 30 1954
BUREAU V. S.

2988

Film#G162 Item# 13,14 3/11/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02969

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton.
LENGTH OF STAY (in this place) 9 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carolina
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Goldsboro 05X-2
STREET ADDRESS (If rural give location) R. F. D. #1

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) Alfred (Last) Cawthorne
4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: January 9, 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Store keeper
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: no records
14. MOTHER'S MAIDEN NAME: no records
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Fanny Cawthorne (wife) Goldsboro Md. R.D. #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

571.1

Immediate cause (a) Anaxemia & shock — 6 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute hemorrhagic gastro-enteritis — 2 days

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Feb, 1954, to 1 Mar, 1954, that I last saw the deceased alive on 1 Mar, 1954, and that death occurred at 6.40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thurston Harrison M.D. ADDRESS Easton Maryland DATE SIGNED 1 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/4/54
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) Greensboro (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3/2/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1954
BUREAU V. S.

3007

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02971

CERTIFICATE OF DEATH

Reg. Dist. No. 29-41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1[illegible]-51

1. PLACE OF DEATH:
COUNTY ~~TALBOT~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ST. MICHAELS
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ST. MICHAELS
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) GEORGE (Middle) E. (Last) CHANEY

4. DATE OF DEATH: (Month) MARCH (Day) 8 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG 19 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: SEAFOOD PLANT

11. BIRTHPLACE (State or foreign country): ST. MICHAELS MD

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ENNALS CHANEY

14. MOTHER'S MAIDEN NAME: LOUISA PINKNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: 217-03-6094

17. INFORMANT & ADDRESS: Mrs George E. Chaney, St. michaels, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	15 mon.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic cardiovascular d.	?
	DUE TO (c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9-26, 1952, to 3-6, 1954, that I last saw the deceased alive on 3-6, 1954, and that death occurred at 10:55 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] M.D. St. Michaels Md. 3-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: MAR 11 1954

NAME OF CEMETERY OR CREMATORY: CHARLES F. THOMAS MEMORIAL CEMETERY.

LOCATION (City, town, or county) (State): ST. MICHAELS MARYLAND.

DATE REC'D BY LOCAL REG.: Mch 10-54

REGISTRAR'S SIGNATURE: Mrs Ralph Leck

24. FUNERAL DIRECTOR ADDRESS: S. Hamilton Harrison, St. michaels Md.

RECEIVED
MAR 11 1954
BUREAU V. S.

3006

02970

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton (rural) X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton (rural) X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) May (Last) Chaplain
4. DATE OF DEATH (Month) March (Day) 12 (Year) 1954

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Oct. 12, 1876
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James T. Mullikin
14. MOTHER'S MAIDEN NAME Mary Larrimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Tilghman Chaplain

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) GENERALIZED ARTERIOSCLEROSIS AND

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) POSSIBLE CARCINOMA OF THE BLADDER

(c)

INTERVAL BETWEEN ONSET AND DEATH Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1954, to 3-12, 1954, that I last saw the deceased alive on 3-12-, 1954, and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE Donald F. Bartley (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED March 12, 1954

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 3-15-54
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Talbot, Md.

DATE REC'D BY LOCAL REG. 3/13/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

RECEIVED
MAR 23 1954
BUREAU V. S.

2989

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02972

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 4
LENGTH OF STAY (in this place) 6½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton 05X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clifton (Middle) Scott (Last) Cohee
4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 1954
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 31, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 6 Days 29 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jr Wilson Cohee
14. MOTHER'S MAIDEN NAME: Winifred Page Towers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother - Mrs. Winifred Cohee

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

Immediate cause (a) Pneumonia - bronchiolitis — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congenital Malformation Heart — 7 mo.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1954, to 3-1, 1954, that I last saw the deceased alive on 3-1, 1954, and that death occurred at 4:30 pm, from the causes and on the date stated above.

SIGNATURE John P. Baylutt (Degree or title) M.D. ADDRESS 214 Dover St Easton Md. DATE SIGNED 3-1-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 4, 1954
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) Denton, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 3/2/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR J. Virgil Moore Son Denton, Md. ADDRESS

2073357365

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 19[illegible]
BUREAU V. S.

2990

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02973

CERTIFICATE OF DEATH

Reg. Dist. No. 296

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 40
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home for Aged Women North St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Home for aged Women North St.

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Tilghman (Last) Courtney

4. DATE OF DEATH: (Month) Mar. (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Jan. 30, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 1 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Schoolteacher

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Queen Anne Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel W. Courtney

14. MOTHER'S MAIDEN NAME: Amanda Pippin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Irene Harden, Home For Aged Women Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443X Cerebral Thrombosis — Interval Between Onset And Death: 3 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Cardio Vascular disease — Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15-, 1953, to 3-2-, 1954, that I last saw the deceased alive on 3-2-, 1954, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Donald F. Bartley M.D. ADDRESS Easton, Md. DATE SIGNED 3-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE THEREOF Mar. 4, 1954 — NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery — LOCATION (City, town, or county) (State) Centreville, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/3/54 — REGISTRAR'S SIGNATURE N. H. Keene

24. FUNERAL DIRECTOR John D. Williams — ADDRESS Easton, Md.

RECEIVED
MAR 9 1954
BUREAU V. S.

Ste 3,17 Film G164 - 4-21-54 L

2091

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02974

CERTIFICATE OF DEATH

Reg. Dist. No. 290

M

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) H F (Last) Dabson
4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Nov. 5, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. Thomas H. Dabson
14. MOTHER'S MAIDEN NAME: Lydia Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Carrie G. ~~Robinson~~ Dobson Greensboro

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial infarction due to

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) arteriosclerotic coronary thrombosis DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Mar, 1954, to 20 Mar, 1954, that I last saw the deceased alive on 19 Mar, 1954, and that death occurred at 3:10 A.M. from the causes and on the date stated above.
SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton, Maryland DATE SIGNED 23 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/23/54 NAME OF CEMETERY OR CREMATORY Greensboro LOCATION (City, town, or county) Greensboro, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 3/21/54 REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 30 1954
BUREAU V.

2952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03971

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, MD
LENGTH OF STAY (in this place) 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Easton~~ Oxford. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Dobson (Last) Dobson
4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1954

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Feb 18, 1907
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: HW.
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. W. K. Altan
14. MOTHER'S MAIDEN NAME: Leila Satchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Edward N. Dobson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

203X

Immediate cause (a) Multiple Myeloma

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 1954, to 3/30, 1954, that I last saw the deceased alive on 3/30, 1954, and that death occurred at 11:57 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS Easton Memorial Hosp. DATE SIGNED 5 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/1/54
NAME OF CEMETERY OR CREMATORY Oxford
LOCATION (City, town, or county) Oxford (State)
DATE REC'D BY LOCAL REGISTRAR 5/31/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR M. E. Newnam & Son
ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

2993

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02975

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 4
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
STREET ADDRESS (If rural give location) 26 Dover St.

3. NAME OF DECEASED: (Type or Print) (First) Alfred (Middle) L. (Last) Donnelly
4. DATE OF DEATH: (Month) (Day) (Year) March 18 1954.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 7, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John T. Donnelly
14. MOTHER'S MAIDEN NAME: Alice Kelly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Mary L. Donnelly 26 Dover Street Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
023X Immediate cause	(a) Apoplexy	3 days
DUE TO Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Aortic regurgitation	10 yrs
DUE TO	(c) Luetic Heart Disease	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to 3/18/, 1954 that I last saw the deceased alive on 3/18/, 1954, and that death occurred at 5:40 Am, from the causes and on the date stated above.
SIGNATURE B. Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 3/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/20/54
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REGISTRAR 3/19/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR W. Frampton Carroll Jr. ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 30 1954
BUREAU V

2994

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02976

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 41
LENGTH OF STAY (in this place) 17 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville 14X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Catherine (Last) Downes
4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 28, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Mr. Isaac Hayden
14. MOTHER'S MAIDEN NAME: Elizabeth Du Hamel
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584X

Immediate cause (a) Acute cholecystitis & cholecystitis — Interval Between Onset And Death 3 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic cholecystitis & cholelithiasis — 3

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Mar, 1954, to 4 Mar, 1954, that I last saw the deceased alive on 4 Mar, 1954, and that death occurred at 11:50 AM; from the causes and on the date stated above.

SIGNATURE Willis Mc Davison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 4 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/6/54
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) Centreville (State) Md
DATE REC'D BY LOCAL REGISTRAR 3/5/54
REGISTRAR'S SIGNATURE W. H. Neirus
24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

3008

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02971

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chapel X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 2 Box 293 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) Route, 2 Box 293

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) (Last) Downs

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1891
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gustava Smith
14. MOTHER'S MAIDEN NAME: Rachel Tilghman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Y — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Rachel See Chapel md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0
(a) Arteriosclerotic Heart Disease with — Interval Between Onset And Death 12 Months
DUE TO Myocardial Insufficiency

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Residuals of Cerebral Hemorrhage with
DUE TO Partial Paralysis
(c) 3 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: E
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1953, to 3/27, 1954, that I last saw the deceased alive on 3/27, 1954, and that death occurred at Easton Md, from the causes and on the date stated above.
SIGNATURE (Degree or title) Frank E. Mason MD. ADDRESS 18 W. Dover St Easton Md DATE SIGNED 3/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/31/54
NAME OF CEMETERY OR CREMATORY Chapel Cem.
LOCATION (City, town, or county) (State) Chapel md.
DATE REC'D BY LOCAL REGISTRAR 3/31/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR James B. Dashiell ADDRESS Easton, md.

APR 2 1
BUREAU V. S.

2999

02978

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH COUNTY: Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Delaware COUNTY: Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Maryland — LENGTH OF STAY (in this place): 12 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frankford Delaware
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) MARTHA	(Last) FLEETWOOD	4. DATE OF DEATH	(Month) 3 (Day) 8 (Year) 1954
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Aug. 5, 1871	9. AGE last birthday: 82 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Andrew Ringer			14. MOTHER'S MAIDEN NAME: Josephine Rush		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Mrs Josephine Cover Easton, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) Exhaustion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) artero Sclerosis.

(c) Sinility & Secondary Anemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: — Easton	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1953, to March, 1954 that I last saw the deceased alive on March 7, 1954 and that death occurred at Mar. 8th 2.30 A m., from the causes and on the date stated above.

SIGNATURE: W N Palmer (Degree or title) — ADDRESS: Easton — DATE SIGNED: 3-8-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3/11/54	NAME OF CEMETERY OR CREMATORY: Careys Cemetery	LOCATION (City, town, or county) (State): Frankford, Del.
DATE REC'D BY LOCAL REG.: 3-11-54	REGISTRAR'S SIGNATURE: Mrs. N. H. Nevins mat.	24. FUNERAL DIRECTOR: Henry P. Watson Inc.	ADDRESS: Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1954
BUREAU

2996

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02973

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: Memorial Hospital
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Beulah (Middle) (Last) Frampton.

4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 1 - 1896.
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: H.W
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Haddaway
14. MOTHER'S MAIDEN NAME: Bertha Sinclair.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ferrel D. Frampton - Tilghman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial infarction — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac failure — chronic

DUE TO

(c) Rheumatic heart d. - inactive — —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 20, 1952, to March 30 1954, that I last saw the deceased alive on March 30 1954, and that death occurred at 3 50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] MD St Michaels Md 3-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/1/54
NAME OF CEMETERY OR CREMATORY Tilghman Cemetery
LOCATION (City, town, or county) Tilghman Md (State)
DATE REC'D BY LOCAL REGISTRAR Burial 9/24/57
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR S. Hamilton Harrison
ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1954
BUREAU V. S.

2997

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02980

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
STREET ADDRESS (If rural give location) R.F.D. #2

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) C. (Last) Fretterd

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 21, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): New York, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Fretterd
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Wm. J. Fretterd - Federalsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Cardiac failure — Interval Between Onset And Death (?)

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary arteriosclerotic heart — (?)

DUE TO

(c) disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Mar, 1954, to 22 Mar, 1954, that I last saw the deceased alive on 19 Mar, 1954, and that death occurred at 12 25 AM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Harrison M.D. ADDRESS Easton Maryland DATE SIGNED 23 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/25/1954
NAME OF CEMETERY OR CREMATORY Bloomery Cemetery
LOCATION (City, town, or county) (State) Federalsburg, Md. (rural)

DATE REC'D BY LOCAL REGISTRAR 3/23/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J. Harvey Williams - Federalsburg, Md. ADDRESS

RECEIVED
MAR 30 1954
BUREAU V.

3009

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12981

Reg. Dist. No. 291

1. PLACE OF DEATH:

COUNTY TALBOT — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TILGHMAN X

LENGTH OF STAY (in this place) LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY TALBOT

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X TILGHMAN

STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) M. (Last) HADDAWAY

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 14, 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JAN. 10, 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): TILGHMAN, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES B. GIBSON

14. MOTHER'S MAIDEN NAME: SARAH V. CUMMINGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 218-24-4228

17. INFORMANT & ADDRESS: PHILIP G. HADDAWAY, TILGHMAN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion, — Interval between onset and death: 3 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerosis of heart — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1954, to March 14, 1954, that I last saw the deceased alive on March 14, 1954, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Guy M Reese MD — ADDRESS Tilghman Md — DATE SIGNED March 16 1954

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): BURIAL

DATE THEREOF MAR. 17, 1954

NAME OF CEMETERY OR CREMATORY METHODIST CEMETERY

LOCATION (City, town, or county) (State) TILGHMAN, MARYLAND

DATE RECD BY LOCAL REG. Mar 17, 1954

REGISTRAR'S SIGNATURE Mrs Ralph R Seth

24. FUNERAL DIRECTOR S. HAMBLETON HARRISON

ADDRESS ST. MICHAELS MD.

VS. A15 51

RECEIVED
MAR
BUREAU V. S.

2998

Film#G164 Item# 7 4/13/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02982

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Queen Anne
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Price 17 [illegible]
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) (Last) Hymson

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: B.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec 4, 1904
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Hymson
14. MOTHER'S MAIDEN NAME: Garrett Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Mary V. Richester Sister Church Hill Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Cardiac failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic heart disease

DUE TO

(c) Pneumonia

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 7 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) E. C. H. Schmidt M.D. ADDRESS Caxton Memorial Hosp DATE SIGNED 29 March 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/24/54
NAME OF CEMETERY OR CREMATORY Church Hill
LOCATION (City, town, or county) Church Hill (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/23/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Edgar L. Lane, ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
APR 2 1954
BUREAU V. S

2999

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12953

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 4 mi
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Talbot STATE Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Cordova Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) (Last) Kinnamon

4. DATE OF DEATH: (Month) Jan (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 9/11/78

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H W

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Price

14. MOTHER'S MAIDEN NAME: Catherine Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 No

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Mr Charles E Kinnamon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) apoplexy DUE TO — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis, generalized DUE TO — Interval Between Onset And Death: ?

(c) 334.X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 46 to 3/9/, 19 54 that I last saw the deceased alive on 3/9/, 19 54 and that death occurred at 3:04 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/12/54 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/10/54 — REGISTRAR'S SIGNATURE N.H. Merrick

24. FUNERAL DIRECTOR — ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

U. S.

3010

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02984

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY: Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Easton - rural
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland.
COUNTY: Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Easton - Rural
STREET ADDRESS (If rural give location): X

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Howard (Last) Lyons

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 1, 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Field Man for Wrightson Bros.

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Martin Van Buren Lyons

14. MOTHER'S MAIDEN NAME: Dora A. Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-05-6271

17. INFORMANT & ADDRESS: Mrs. Harry Lyons - Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Myocardial Infarction — Interval Between Onset And Death: 1 Hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b): Arteriosclerotic Coronary Disease — 1949

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to 3/13/, 1954, that I last saw the deceased alive on 1/26/, 1954 and that death occurred at 10 30 a m, from the causes and on the date stated above.

SIGNATURE: B Coffman D (Degree or title) ADDRESS: Easton Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 3-16-54
NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery
LOCATION (City, town, or county) (State): Easton, Talbot, Maryland.

DATE REC'D BY LOCAL REGISTRAR: 3/14/54
REGISTRAR'S SIGNATURE: N. H. Reeves

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son - Easton, Md.
ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 23 1954
BUREAU V. S.

3000

02985

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40 LENGTH OF STAY (in this place) 1 mo 8 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Miller

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: May 4, 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Bishop Allen J. Miller (Son)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage

~~DUE TO~~

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac dilatation & hypertrophy

~~DUE TO~~

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/22, 1954, to 3/, 1954, that I last saw the deceased alive on 3/1/54, 19..., and that death occurred at 2:55 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Chmiel, M.D. ADDRESS Caxton Memorial Hosp DATE SIGNED 6 March 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF 3/5/54 NAME OF CEMETERY OR CREMATORY Silverbrook LOCATION (City, town, or county) Wilmington (State) Del

DATE REC'D BY LOCAL REGISTRAR 3/3/54 REGISTRAR'S SIGNATURE N. H. Neirus 24. FUNERAL DIRECTOR Manuel E. Newnam & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

3011

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0298

CERTIFICATE OF DEATH

Reg. Dist. No. 290

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Trappe X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Trappe
STREET ADDRESS (If rural give location) Trappe

3. NAME OF DECEASED: (Type or Print) (First) Lester (Middle) Shipley (Last) Seymour
4. DATE OF DEATH: (Month) March (Day) 7 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 2-23-1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): retired carpenter for self
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mathias M/ Seymour
14. MOTHER'S MAIDEN NAME: Sallie E. Seymour

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mr. Edwin Cryer - Trappe, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 421.4 (a) Valvular heart disease — Interval Between Onset And Death 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis — 10 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to March, 1954 that I last saw the deceased alive on 3/2/, 1954 and that death occurred at 10.15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) William S. Seymour M.D. ADDRESS Trappe Md DATE SIGNED 3/9/54 md

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 3-9-54
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Talbot, Md.

DATE REC'D BY LOCAL REGISTRAR 3/8/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Maurice E. Newnam & Son - Easton, Md. ADDRESS

3012

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02987

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Easton, Rural.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Hallie (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Mar. (Day) 2 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: May 3 - 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 9 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Talbot Co Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Fields
14. MOTHER'S MAIDEN NAME: Georgianna Limberly

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Frank Smith 853 Harlem Ave Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: Immediate

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ..... , 19 , that I last saw the deceased alive on ..... , 19 ..., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Louis Wetty MD (Degree or title) DME
ADDRESS Easton Md
DATE SIGNED 3-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 5-54
NAME OF CEMETERY OR CREMATORY St Paul Cemetery
LOCATION (City, town, or county) Easton, Talbot Co (State) Md
DATE REC'D BY LOCAL REGISTRAR 3/3/54
REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR John D. Williams
ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

3001

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0298

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Md 4
LENGTH OF STAY (in this place) 19 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY B...
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fullerton Md.
STREET ADDRESS (If rural give location) Chapel Road Box 178

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) (Last) Stachnick.
4. DATE OF DEATH: (Month) (Day) (Year) March 14 1954

5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 4 - 1895
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Shop Supt
10b. KIND OF BUSINESS OR INDUSTRY: Balto Transit Co
11. BIRTHPLACE (State or foreign country): Balto City Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John W Stachnick
14. MOTHER'S MAIDEN NAME: Katherine Seitz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-10-0084
17. INFORMANT & ADDRESS: Mrs Martin C. Stachnick 4345 Chapel Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Myocardial Infarction
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Occlusion
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19....., that I last saw the deceased alive on ....., 19..., and that death occurred at 12 05 ..., from the causes and on the date stated above.
SIGNATURE Pathologist C. A. Schmidt, M.D. (Degree or title) ADDRESS Easton Memorial Hosp. DATE SIGNED 14 March 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/17/54
NAME OF CEMETERY OR CREMATORY Balto Cem
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 3/15/54
REGISTRAR'S SIGNATURE A.W. Hedrick Drive
24. FUNERAL DIRECTOR Lassahn Funeral Home, ADDRESS 7401 Belair Rd Baltimore Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

3013

02983

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton X — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Easton R D
STREET ADDRESS (If rural give location) Matthewstown Road

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Wilton
4. DATE OF DEATH: (Month) March (Day) 2nd (Year) 1954
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 31st 1884
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Aquila Wilton
14. MOTHER'S MAIDEN NAME: Mildred Debra Halliday
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: no
17. INFORMANT: Mrs. Sara Madge Mullikin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

444X
Immediate cause (a) Pulmonary Embolism — 1/2 hour
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Valvular heart disease — 10 yrs.
(c) Hypertension — 12 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1942 to March 1954 that I last saw the deceased alive on Feb 28, 1954, and that death occurred at 1.30 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) William D. Seymour MD ADDRESS Easton, Md. DATE SIGNED 3/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 3/4/54 — NAME OF CEMETERY OR CREMATORY Chesterfield — LOCATION (City, town, or county) Centreville (State) Md
DATE REC'D BY LOCAL REG. 3/2/54 — REGISTRAR'S SIGNATURE N.M. Meires
24. FUNERAL DIRECTOR Easton Bros. — ADDRESS Centreville Md

VS. A15

RECEIVED
MAY 1954
BUREAU V. S

3002

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02990

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Dover Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) E. Dover Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Lambert (Last) Willis

4. DATE OF DEATH: (Month) Mar. (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: October 16–1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 7 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retire Employee of P.R.R.Co.
10b. KIND OF BUSINESS OR INDUSTRY: Penna. R.R.Co.
11. BIRTHPLACE (State or foreign country): St Michaels, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Willis
14. MOTHER'S MAIDEN NAME: Eleanor Susan Harrison

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Lambert Willis, Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arterio Sclerosis — Interval Between Onset And Death yrs.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Urinary Drainage Then Aptotomy — 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1954, to March 2, 1954, that I last saw the deceased alive on March 1, 1954, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE M. F. Buell (Degree or title) MD ADDRESS Easton Md DATE SIGNED 3-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 5 1954
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) Easton, (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 3/3/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR John D. Williams, ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1954
BUREAU V. S.

Item 7 film G 162 3/18/54 cm

3003

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02991

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 15 mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonville 17X-20
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) C (Last) Windsor

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: Sept 14-1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Somerset Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Francis Wind~~ James Ford

14. MOTHER'S MAIDEN NAME: Frances Windsor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Lacy Windsor Grasonville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death 4 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Mar, 1954, to ....., 19....., that I last saw the deceased alive on 8 Mar, 1954, and that death occurred at 1:35 pm, from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 8 March 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF March 10. 54 NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield LOCATION (City, town, or county) Centreville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 3/9/54 REGISTRAR'S SIGNATURE N. H. Neeries

24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 16 1934
BUREAU V. S.

3004

02992

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton
LENGTH OF STAY (in this place) 2 hrs. 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural give location) 178-2

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) Boy (Last) Wright

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-4-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 21, Min. 15

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Easton-Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Leon Tingle

14. MOTHER'S MAIDEN NAME: Ruth Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ruth Wright · Queenstown, M D.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
760.0 Immediate cause	(a) ~~Prematurity~~ Edema of meninges	
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Prematurity	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED March 5 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/6/54
NAME OF CEMETERY OR CREMATORY Carmichael
LOCATION (City, town, or county) Carmichael (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/4/54
REGISTRAR'S SIGNATURE M.A. Meeres

24. FUNERAL DIRECTOR John P. Williams per E.W. Bacon
ADDRESS Easton Md

VS. A15

2034/19/291

RECEIVED
MAR 16 1954
BUREAU V. S.